

CARE ACT 201: THE CLIENT'S JOURNEY THROUGH THE CARE ACT

Category: CARE Act Process



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

The content provided in this training by the Judicial Council of CA (JCC) is not legal advice and is for informational purposes only



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to this training on how we can work together to implement CARE Act services. We appreciate all the great work being done on the county level to help get ready to provide this support. The goal of these trainings will be to help you feel prepared as you begin to implement the CARE Act. We want to be really responsive to what your needs are, so please share them with us. Upcoming trainings will be listed on the website, CARE-Act.org, and we will be sending out registration links for each training on the listserv.

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Presenters



CAROL CLANCY, PSYD, MSW
Principal
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LAURA COLLINS, MSW
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Health Management Associates



ANNE HADREAS, JD
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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

The presenters include Carol Clancy, PsyD, MSW, Laura Collins, MSW, from Health Management Associates and Anne Hadreas, JD, from the Judicial Council of California.

Carol Clancy, from Health Management Associates, is a licensed clinical psychologist with 20 years of leadership experience in correctional health, recovery services, and other public and nonprofit mental health settings, including residential treatment and shelter care. Dr. Clancy's experience includes program design, development, implementation, and oversight of service systems, budgets, and policies. She works across and between service teams to develop and implement behavioral health and substance use disorder (SUD) programs from in-custody through re-entry to assure a seamless continuum of care for mentally ill, justice-involved individuals, and other marginalized and at-risk populations.

Laura Collins, from Health Management Associates, is a licensed clinical social worker with 25 years of experience in psychiatry and across the behavioral health continuum, with extensive knowledge of, and involvement with civil and forensic processes for



persons with mental illness. She has worked both on the ground and at the administrative/systems-level in the crisis, acute care and outpatient spheres. Laura also understands the housing and community support needs of this complex population, having worked at all-levels to support success and independence for this population.

Anne Hadreas, from the Judicial Council of California, is the Supervising Attorney for the Judicial Council Center for Families, Children, & the Courts. Prior to joining Judicial Council staff, she represented individuals with disabilities, particularly psychiatric disabilities, in state and federal court and worked on legislative policy.

Agenda

Overview of the CARE Act

Introduction to the CARE Act Roles

- Client/Respondent
- Petitioner
- Volunteer Supporter
- County Behavioral Health Agency
- Housing & Community Support Providers
- CARE Court

The CARE Act Process

- Initiation/Engagement**
 - Petition / Court Referral
 - Prima Facie
 - County Report
- Court Process/Service Connection**
 - Initial Appearance
 - Hearing on the Merits
 - Case Management Hearing
 - Clinical Evaluation Hearing
 - CARE Plan Review Hearing
 - Status Reviews
- Assessing Next Steps**
 - Voluntarily graduate
 - Voluntarily remain
 - Involuntary reappoint

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In this training, we are giving a high-level overview of the roles and process for providing services under the CARE Act. This first section will provide an overview of the CARE Act, and then the next two sections will go over the roles and the process.

Objectives

At the end of the session, participants will have an increased ability to:

- » Distinguish the six key roles within the CARE Act, including the client, the petitioner, the volunteer supporter, the behavioral health agency, Housing/Community Supports providers, and the CARE Court.
- » Describe the overall legal process within the CARE Act.
- » Compare the different pathways through the legal process for the client.
- » Summarize the recommended services/supports included in the CARE Agreement and CARE Plan.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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- Summarize the recommended services/supports included in the CARE Agreement and CARE Plan.

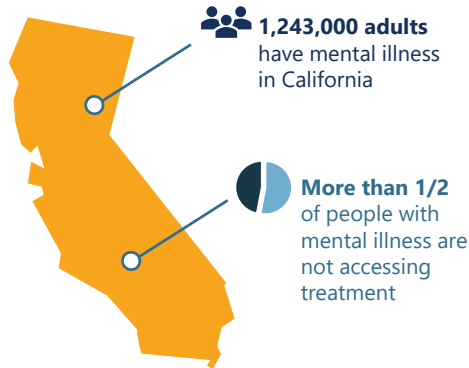
We don't anticipate that everyone will know exactly what they need to do by the end of this training, but our overall goal is that you have an increased ability.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will be going over the CARE process at a very high level.

The “Why” Behind the CARE Act



The goal of the CARE Act is to provide services upstream, *before* clients are hospitalized, incarcerated, or placed on a conservatorship.

For more information, visit the [National Alliance of Mental Illness website \(2021\)](#).

[Slide Image Description: This slides shows a graphic of the state of California with mental illness statistics from California listed on the side of the graphic. Additionally, a blue text box lists the goal of the CARE Act.]

We're going to start with a very brief overview of the Care Act, and we always like to begin with the “why.”

In California, 1,243,000 adults have mental illness.

More than 1/2 of people with mental illness in California are not accessing treatment.

SAMHSA. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

This can result in unemployment, homelessness, hospitalization, incarceration and poor quality of life.

The goal of the CARE Act is to provide services upstream, before clients are hospitalized, incarcerated, or placed on a conservatorship. The crux of the CARE Act is



really promoting overall access to care and services.



For more information, visit the National Alliance of Mental Illness website (2021).

What does the CARE Act do?

- » The CARE Act creates a new pathway to access mental health & substance use disorder treatment and support services to eligible individuals who have untreated schizophrenia spectrum or other psychotic disorders.
- » This pathway is accessed for the individual when a petitioner requests court-ordered treatment, services, support, and housing resources under the CARE Act, for an eligible individual (or “respondent”).

For more information, visit the [Judicial Branch of California website](#).



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[Slide Image Description: This slide shows two bullet points of text and a graphic of a road.]

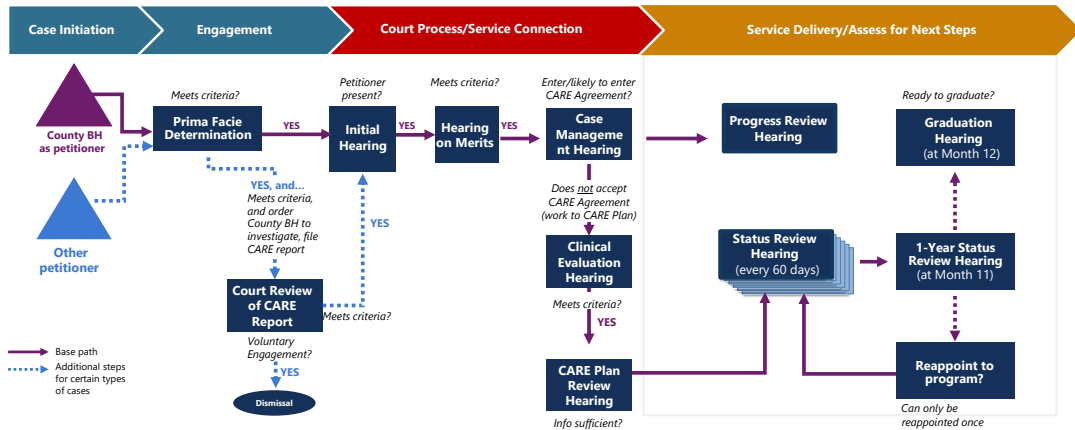
The CARE Act is essentially another pathway for eligible folks with untreated schizophrenia, spectrum, or other psychotic disorders to be able to access mental health services, substance use disorder treatment services, and other housing or community support services.

It is about starting with a petitioner who requests treatment for the individual, and from there the assessment and engagement court process.

Possible service connection follows.

For more information, visit the Judicial Branch of California website.

What are the Different Paths?



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

The CARE Act process can take different pathways through the civil court for persons with untreated schizophrenia or other psychotic disorders. Shown on this slide is a general overview of the process. It's broken into three major phases:

1. Case Initiation & Engagement
2. Court Process/Service Connection
3. Service Delivery/Assess for Next Steps

The process begins with the petitioner initiating the case. The assessment and engagement follows with the county behavioral health. Then the case continues to the court process and connection with services. From there, for those who've engaged in a CARE agreement or a CARE plan, there's ongoing service delivery. Finally, there is potential graduation from the CARE Act or assessing for next steps.

Although there are potential dismissals throughout the care course process, the only one that's reflected here on the slide is in that engagement phase because we wanted to highlight the "why" behind the CARE Act again, which is access to treatment. One of

the primary hopes behind the CARE Act is to prompt engagement and care through offered services and divert someone from needing to engage in the CARE Act Court process.

Two of the paths include:

- Voluntary CARE Agreement or
- a court-ordered CARE Plan

These can include:

- treatment, including medications & psychosocial interventions
- housing support, and
- other supportive services

Description of Flow

1. There is a Prima Facie Determination to see if the respondent meets the criteria.
 1. If someone other than the County BH agency is the petitioner, if the respondent is found to meet the criteria, the BH agency will investigate and file a CARE report.
 2. If at this point, the respondent voluntarily engages in services, the case is dismissed.
 3. If they do not voluntarily engage in services and the County BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
2. If the respondent meets the criteria, there will be an initial hearing (with the petitioner present).
3. If the respondent still meets the criteria, then there will be a Case Management Hearing.
 1. If it's determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
4. If it's determined at the case management hearing that a CARE agreement is not likely to be reached, then there will be a clinical evaluation and then a hearing to review that clinical evaluation.
5. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
6. There will then be a status review hearing at least every 60 days.
7. At month 11, there will be a 1-year status review hearing to determine next steps.
 1. The respondent will graduate (and have a graduation hearing at month 12).
 2. The respondent will be reappointed to the program, which can only happen once.

Court Referrals to CARE Act Additional Pathways

AOT Court	<ul style="list-style-type: none">• Individuals in AOT proceedings• County BH Director or designee is the petitioner
Criminal Court	<ul style="list-style-type: none">• Misdemeanant IST• An eligible petitioner
LPS Court	<ul style="list-style-type: none">• Conservatorship• The conservator is the petitioner

[Slide Image Description: This slide shows three additional options for pathways through the CARE Act.]

In addition to referrals coming from the community, there are three court referral pathways, designed to divert individuals to the CARE Act:

Assisted Outpatient Court (AOT)

Individuals who are already part of an outpatient treatment plan or somewhere in the AOT process. In that case, the AOT Court can refer these individuals for the CARE Act.

However, there still needs to be a petitioner. For AOT, the county behavioral health director or designee is the petitioner, not just a straight referral into the CARE court process.

Criminal Court

These are individuals that are misdemeanants, who are found incompetent to stand trial (IST).

The statute doesn't specify the specific petitioners. Only eligible petitioners, which we will discuss shortly.

Lanterman-Petris-Short (LPS) Court

These are individuals that are already in a conservatorship, or a proposed conservatee in cases where the court thinks conservatorship would be unnecessarily restrictive for the client. For LPS Court, the conservator is the petitioner.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]


In this section, we are going to provide an overview of the primary roles in the Care Act.

Overview of CARE Act Roles



[Slide Image Description: This slide shows colorful boxes listing the roles included in the CARE Act process.]

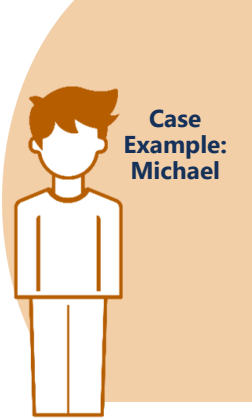
These are the primary roles in the CARE process: the client (also known as the respondent), the petitioner, the volunteer supporter, the county behavioral health agency, the housing and community support providers, and of course, the CARE court (and the roles within that court).



Client/Respondent

» Potential clients/respondents are adults with a diagnosis of Schizophrenia Spectrum or other psychotic disorders and who:

- Have severe & persistent symptoms, interfering substantially with primary activities of daily living (ADLs)
 - And an inability to maintain functioning,
- Are not stabilized,
- Are either unlikely to survive safely/independently & the condition is deteriorating OR services and support are needed to prevent further deterioration,
- Participation in CARE Act is the least restrictive alternative, AND
- Will likely benefit from participating



**Case Example:
Michael**

For more information, visit the [CARE Act Eligibility Criteria](#).

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[Slide Image Description: This slide shows a picture of volunteers distributing food as well as an orange silhouette of a person representing the case example, Michael. The client/respondent description is listed.]

This slide gives a summary of the eligibility criteria for folks who may access the CARE Act process. Other trainings will discuss eligibility in more detail.

Potential Clients/Respondents for the CARE Act are adults 18 years and older with a diagnosis of Schizophrenia Spectrum or other psychotic disorders and who:
 Have symptoms that are severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with primary activities of daily life and which may result in an inability to maintain stable adjustment and independent functioning without treatment/support and rehabilitation for a long or indefinite period of time,
 Are not stabilized with ongoing voluntary outpatient treatment,
 Are either unlikely to survive safely/independently in the community and the condition is deteriorating OR services and support are needed to prevent relapse or deterioration,
 Participation in CARE Act is the least restrictive alternative,

The CARE process is an alternative to other avenues, such as the LPS process or incarceration

The person will likely benefit from participating in a CARE plan or CARE agreement because the process will connect them with those additional services supports and treatment.

In the next section, we will be talking about the process using a case scenario: Michael. For the purpose of this training, we'll be talking about Michael as our client or as a respondent, and we will consider the role of family members, behavioral health providers, and other roles that he intersects as he navigates through the Care court process.

For more information, visit the [CARE Act Eligibility Criteria](#).



Petitioner

- » A petitioner could include:
 - Family members limited to
 - Parent, spouse, sibling, child or grandparent
 - A mental health professional or other service provider who is treating or has recently treated the client/respondent
 - The director of a hospital in which the client/respondent was recently or is hospitalized
 - The directors of public service agencies, such Behavioral Health (BH), Adult Protective Services (APS), Public Guardian or Public Conservator (PG/PC)
 - A first responder who has had repeated contact with the respondent
 - Homeless outreach worker
 - A roommate/housemate
 - The client/respondent

For more information, visit the [CARE Act Fact Sheet](#).

[Slide Image Description: This slide shows a picture of a happy senior couple, as well as a description of the petitioner role.]

These are anticipated common petitioners, but petitioners are not limited to what is described here. However, an individual must be on the list of eligible petitioners in order to serve as one.

A petitioner could include:

- An individual with a legal responsibility to perform the functions or responsibilities of a parent. Additional family members that may be petitioners are a spouse, sibling, child, or grandparent. Family members that can be petitioners are truly limited to what is shown on the slide.
- A petitioner could be a mental health professional or a service provider that is currently treating or has recently been treating the patient.
- The director of a hospital or designee in which the person was recently or currently hospitalized.
- The directors of different public service agencies, like the County Behavioral Health Agency or Adult Protective Services (APS).
- A first responder which includes a peace officer, firefighter, paramedic, emergency

medical technician, or mobile crisis response worker.

- A homeless outreach worker.
- A person with whom the respondent resides.
- The client themselves can petition through self-select.
 - We want to callout that the CARE Act comes with access to care, access to supports, potential housing, and individuals may want to self-select to be a part of this process.

For all of the listed agency directors and other professionals who may file a petition to initiate the CARE Act process, their designees may also file a petition under the CARE Act.

For more information, visit the [CARE Act Eligibility Criteria](#).



Volunteer Supporter

- » This person is identified/approved by the client.
- » The support person performs the following functions:
 - Work with the client on how to maintain autonomy and decision-making authority over his own life.
 - This includes developing and maintaining supportive services, such as case management assistance, housing support, medication management services, counseling.
 - Work with the client on communicating their own preferences for the plan.
 - In all instances, respect the client's preferences, values and beliefs.

For more information, visit the [CARE Act Fact Sheet](#).



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[Slide Image Description: This slide shows a picture of a smiling individual in a colorful shirt, as well as the description of the volunteer supporter role.]

There will be additional training and technical assistance regarding the volunteer supporter role.

The volunteer supporter role is a person who is ideally identified by the client or respondent. The volunteer supporter is an individual that not only respects the client's preferences, goals, values, and beliefs, but also advocates on their behalf.

This is a person that supports the individual's independence, autonomy, and decision-making authority over their own life. This person may be a part of the CARE agreement or the CARE plan to support the follow-through and access to additional services.

For more information, visit the CARE Act Fact Sheet.



County Behavioral Health Agency

- » County mental health or contracted mental health provider
- » May include assertive community treatment (ACT) team, such as Full Service Partnership (FSP)
- » Examples of BH Provider team members:
 - Team lead/program manager/supervisor
 - Licensed or waived clinicians (LCSW, LMFT, Psychologist)
 - Case managers including
 - Substance use disorder (SUD) specialist
 - Housing specialist
 - Employment specialist
 - Medical caseworkers
 - Occupational therapists
 - Peer Specialists/Community Health Workers
 - Psychiatrist
 - Nurses

For more information, visit the [CARE Act Fact Sheet](#) and [2022 California Welfare and Institutions Code](#).

[Slide Image Description: This slide shows a picture of an individual sitting at a computer thinking, as well as a description of the county behavioral health agency role.]

This is the agency that is assigned to engage with the client as they enter into the different pathways of a CARE agreement or CARE plan. The county behavioral health agency will likely engage their assertive community treatment (ACT) teams, such as Full Service Partnership (FSP).

- FSPs maintain fidelity to the Assertive Community Treatment (ACT) model with low client-to-staff ratios and provide services through a team approach.
- FSPs aim to support individuals in building the skills and supports needed to progress in their recovery and when ready transition to a lower level of care.

County behavioral health agencies and their teams will look different, but regardless, they are a key player in providing outreach, creating an initial report, conducting clinical evaluation, engaging the client in the mental health treatment, and connecting that individual with other services and supports, such as housing.

For more information, visit the CARE Act Fact Sheet and 2022 California Welfare and



Institutions Code.





Housing & Community Supports Providers

- » Counties each have different types of potential housing providers that may engage with the CARE Act, that may include:
 - Permanent Supportive Housing
 - Interim Housing Models (BRIDGE)
 - Affordable Housing Models
 - Community-based Housing
- » Multiple Housing Resources & Community Services highlighted in WIC Section 5982 (a)(3)(4)
- » Prioritized for BH BRIDGE Housing

For more information, visit the [CARE Act Fact Sheet](#) and [2022 California Welfare and Institutions Code](#).

[Slide Image Description: This slide shows a picture of an individual with prosthetics sitting on stairs, as well as a description of the housing & community supports providers role.]

This is a snapshot of the different potential types of housing that the CARE Act client or respondent may have access to or be prioritized for. Different community-based housing models will look different by county.

If you look at code or WIC 5982, there's a multitude of housing programs, funding sources, and other community services that are highlighted as priorities for access for this particular CARE Act population. The other callout in 5982 is that these individuals should be prioritized for any appropriate BRIDGE housing that's funded through the BRIDGE housing program.

There is more to come on the role and scope of housing and community supports providers within the Care Act, but we want to highlight here that it will look different in each county and even in specific regions of a county.

For more information, visit the CARE Act Fact Sheet and 2022 California Welfare and



Institutions Code.





CARE Court Roles

- » Counsel for Behavioral Health
 - Representing county behavioral health
 - County counsel or other designated attorney
- » Legal Aid/Public Defender
 - Representing the respondent's interests and rights
 - Court-appointed regardless of ability to pay
- » Judge
 - Neutral arbiter
 - Unless there is a dispute, will conduct care in informal, non-adversarial atmosphere

For more information, visit the [CARE Act Fact Sheet](#).

[Slide Image Description: This slide shows a picture of a gavel, as well as a description of the court role.]

Since this is a legal process, there are legal components.

- There will always be representation, usually by County Council or another agency for behavioral health.
- The respondent has the right to court appointed council regardless of their ability to pay. This will be either legal aid or a public defender, depending on the county and the availability.
 - The role of respondent's counsel is to represent the respondent's interests and to protect their due process rights.
 - Respondents can hire a private attorney if they are able.
- There is also a judge who will be a neutral arbiter.
 - Unless there's a dispute of fact or law, the judge will try to conduct the case in an informal and non-adversarial atmosphere.
 - If there is a dispute, then it may become a more like a traditional adversarial court process.



For more information, visit the [CARE Act Eligibility Criteria](#).

Ideas in Action

- » Review the roles involved in the CARE Act process. Write down where you have questions or need for clarification.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Look over the roles and consider where you have additional questions or need clarification. Reach out to your county liaison or info@CARE-Act.org or submit TA requests on our website, CARE-Act.org.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to cover the court flow, and we are going to tie that in with a scenario about a client that's participating in the CARE Act and the different paths that this person may take in the process.

What Does the Journey Look Like?

Initiation/Engagement

- » Petition / Court Referral
- » Prima Facie
- » County Report

Court Process/Service Connection

- » Initial Appearance
- » Hearing on the Merits
- » Case Management Hearing
- » Clinical Evaluation Hearing
- » CARE Plan Reviewing Hearing
- » Status Reviews

Assessing Next Steps

- » Voluntarily graduate
- » Voluntarily remain
- » Involuntary reappoint

Engagement happens throughout the process

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[Slide Image Description: This slide shows a graphic of a path with three location points to indicate the three steps on the journey that will be discussed.]

This is an overview of each of the stages. Note that engagement happens throughout the process. First, we are going to talk about the initiation or engagement, or what happens when somebody first goes to court. We'll then be looking at the steps in the court process to getting to the CARE plan or CARE agreement, and then potential next steps, which would be after one year of involvement.

Initiation/Engagement

Initiation/Engagement

- » Petition / Court Referral
- » Prima Facie
- » County Report

DHCS | HMA

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[Slide Image Description: This slide shows a graphic of a path with three location points with a highlight of the Initiation/Engagement point on the path.]

The first section includes the initial petition and the review by the court, and then looks at the county's responsibility.

Case Example: Meet Michael



DHCS | HMA

What is Michael's background?

- » 43-year-old
- » Diagnosed with Schizoaffective Disorder at 18 and left home soon after diagnosis
- » Increasingly distrustful of parents
- » Mostly has lived in encampments near home
- » Hospitalized several times, but not recently

What is his current functioning?

- » Appears internally pre-occupied
- » Losing weight, sleeping through the day
- » Intermittent erratic behavior prompted several WIC 5150 holds for Grave Disability, but brief stays
- » Recent assaults from others in the encampment
- » Misusing methamphetamines
- » Declines help from parents and Homeless Outreach Team

[Slide Image Description: This slide shows an orange silhouette of a person representing Michael with a description of Michael's background and his current functioning.]

The CARE Act is about leveraging a system to help provide support, and we don't want to lose focus on helping an individual. We are going to look at this process through the lens of a respondent, Michael. Michael is not one person; he's a conglomeration of people that many of us have worked with before.

Background

- Michael is a 43-year-old man who was diagnosed with Schizoaffective Disorder at the age of 18.
- Soon after the diagnosis, Michael dropped out of school and worked at a few odd jobs while living at home. Eventually, however, he left home, and became homeless.
- He had a close relationship with his parents prior to the diagnosis. However, as the illness became more severe, he became less trusting of his parents, Brian and Sarah S.
- He spent years in various homeless encampments but stays in the general area where he grew up. While his parents did their best to keep track of him, he declined

to go back home or move into stable housing.

- He was hospitalized several times in his life for periods but would be discharged after a brief hold. He learned that in order to be discharged, he would have to agree to take medication until he was back out on the streets.

Current Functioning

- He often appears internally preoccupied (hearing voices).
- He has been losing weight and sleeping through the day. Not to the point where it's a medical emergency, but those around him have noticed that he's losing weight and seems to be sleeping more.
- There were several times in his life where his behavior was so erratic, he was placed on a Welfare and Institution Code (WIC) 5150 hold for Grave Disability. However, he is seldom in the hospital beyond 72 hours. Once he is medicated, his symptoms are stabilized, and he is released with a prescription for antipsychotics which he seldom fills.
- He goes to the local Soup Kitchen daily for a meal and has a sleeping bag he sleeps in at night.
- His parents sometimes go to the encampment to try to persuade him to move back to their home. They fear for his safety, as he is paranoid.
- Michael yells at people in the encampment. This has resulted in a few recent assaults from others who are in the encampment. Sometimes he will yell at the staff at the Soup Kitchen because he believes they mean him harm after the recent assaults from others in the encampment. However, when police are called, Michael leaves before they arrive, only to return the next day.
- Michael has been misusing methamphetamines for the past five years, which exacerbates his psychotic symptoms.
- Brian and Sarah have contacted the Homeless Outreach Team who work with people who are unhoused and living in the encampment. When they see Michael there, they attempt to engage him in treatment, however he declines any help they offer him.

What are the Options?



AOT Services

He doesn't qualify for AOT services. He hasn't been hospitalized in the past three years. He has acted in a way that is intimidating (but not violent).



WIC 5150 Hold or LPS Conservatorship

He does not qualify as gravely disabled, dangerous to self or others. He has a sleeping bag & periodically goes to a local soup kitchen. He has never been suicidal & does not threaten or express an intent to hurt others.



Wait & See

While Michael is marginally functional, he appears to be increasingly agitated, responding to internal voices. He has been assaulted a couple times by acquaintances. He also appears to be losing weight, with less frequent visits to the Soup Kitchen, & often sleeps through the day.



CARE Act

The CARE Act can be initiated to help connect Michael with services and supports to prevent further deterioration of his illness.

[Slide Image Description: This slide shows a checklist with x's on all options but the CARE Act, which displays a check mark.]


Brian and Sarah have spoken to advocates, mental health professionals and social workers. They have realized that Michael has **fallen through the cracks of the safety net**.

- **He does not qualify for AOT services.** Michael has not been hospitalized in the past four years. While he has acted in a way that is intimidating, this never escalates to violence or threats.
- **He does not qualify as gravely disabled, so can't be placed on a WIC 5150 hold.** Michael has a sleeping bag, and sleeps regularly at the homeless encampment. He goes to a local soup kitchen daily for food. He has never been suicidal and does not threaten or express an intent to hurt another person. Since he is not gravely disabled, **he does not qualify for an LPS conservatorship.**
- He is not sick enough to be forced into treatment, but not well enough to accept treatment voluntarily. While he is marginally functional, they worry that each time they see him, he is less communicative, thinner, and seems more agitated.

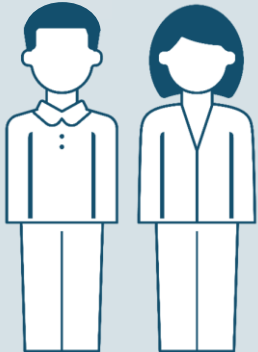
Brian and Sarah are in an untenable position, having to **watch their son decompensate** until he is sick enough to be forced into treatment through a 5150, and eventually a

This is where the CARE Act presents another option:

- The CARE Act was developed to assist individuals like Michael.
- Rather than allowing Michael to fall through the cracks and forcing family members to watch as their loved one decompensates to the point of needing hospitalization, the CARE Act can be initiated prior to this level of decompensation.
- Brian and Sarah eventually learn about the CARE Act and decide to take action before Michael's situation becomes a crisis.

 **The Petition Process**

- » Brian and Sarah are in their 70's and on a fixed income. They are concerned about paying an attorney to file a petition with the court.
- » They learn family members are able to petition the court themselves, without having to pay an attorney.
- » Brian and Sarah visit the county Self-Help Center in order to develop and complete the petition.



DHCS | HMA 24

[Slide Image Description: This slide shows two blue silhouettes of two people representing Michael's parents, Brian and Sarah, and a description of the petition process.]

The Petition Process:

- Brian and Sarah are in their 70's and on a fixed income. They are concerned about paying an attorney to file a petition with the court.
- However, they learn family members are able to petition the court themselves, without having to pay an attorney.
- Brian and Sarah visit the county court Self-Help Center in order to develop and file the petition.

The petition also could have been filed by upstream, midstream, and downstream filing options, including:

- First responder who has had repeated contact with the respondent
- Director of County Behavioral Health
- Public guardian
- A roommate and close relatives
- Directors of public service agencies



- Public guardian
- The respondent
- Mental health professionals
- Director of a hospital in which the respondent was recently or is hospitalized



Self-Help Centers

- » Every county has access to a Self-Help Center that provides free guidance
 - although they cannot give legal advice or represent individuals in court, and they are not under attorney-client privilege.
- » All Self-Help Centers provide a different level of service.



For more information, visit the [JCC Self-Help Centers webpage](#).

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[Slide Image Description: This slide shows a picture of a person smiling at two other people and a description of the self-help centers is detailed.]

- Every county has access to a county court Self-Help Center. These centers provide free guidance, such as:
 - They explained to Brian and Sarah what their options were.
 - They helped Brian and Sarah with the forms they needed to fill out and instructed them on how to file the petition.
 - They explained what the next steps would be once they filed the case.
- They also explained what they could NOT do at a county court Self-Help Center:
 - They could not give Brian and Sarah legal advice.
 - They could not represent them in court.
 - The lawyer they spoke with was not their lawyer, and there was no attorney-client privilege.
- It is important to note that all counties have county court Self-Help Centers, but not all Self-Help centers provide the same level of service.
 - Each county stakeholder must learn what is provided at their county court Self-Help Center.



For more information, visit the [JCC Self-Help Centers webpage](#).

In Michael's situation, who can petition?

- » **Michael's cousin**, who lives in a neighboring state but is supportive of the parents?
- » **The police officer** who repeatedly responds the Soup Kitchen when Michael becomes disruptive?
- » **A volunteer** at the Soup Kitchen where Michael goes most days for his meal?
- » **A case manager** from the Homeless Outreach Team who tries to engage Michael in treatment?

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[Slide Image Description: This slide shows a grey call-out box that reads “In Michael’s situation, who can petition?”. A description of the potential petitioners is shown.]

Consider if each of the following individuals could be a petitioner for Michael:

- Michael’s cousin, who lives in a neighboring state but is supportive of the parents? **No - Although out of state relatives can petition, cousins do not qualify.**
- The police officer who repeatedly responds the Soup Kitchen when Michael becomes disruptive? **Yes – first responders who are familiar with the client can petition.**
- A volunteer at the Soup Kitchen where Michael goes most days for his meal? **No- a volunteer does not fit within the eligible petitioner criteria.**
- A case manager from the Homeless Outreach Team who tries to engage Michael in treatment? **Yes – a case manager can be a petitioner within the First Responder category.**

The slide features a vertical dashed line on the left side with a location pin icon at the top. An orange call-out box with a white question mark icon contains the text "Does Michael meet criteria?". To the right of the call-out box is a list of five criteria, each preceded by a blue double arrow symbol. At the bottom left of the slide is the DHCS | HMA logo, and at the bottom right is the number 27.

Does Michael meet criteria?

- » Is his diagnosis a qualifying diagnosis in the Schizophrenia spectrum and other psychotic disorder class?
- » Does he appear likely to be at risk for not surviving safely in the community?
- » Is his condition deteriorating?
- » Would this be the least restrictive alternative?
- » He has also been misusing methamphetamines. Substance Use Disorder does not qualify a person for CARE services. Why would Michael still qualify?

DHCS | HMA 27

[Slide Image Description: This slide shows an orange call-out box that reads “Does Michael meet criteria?”. A description of questions regarding CARE Act qualifications are shown.]

Consider if Michael meets the criteria for the CARE Act:

- Is his diagnosis a qualifying diagnosis in the Schizophrenia spectrum and other psychotic disorder class? **Yes, Schizoaffective disorder is an eligible diagnosis.**
- Does he appear likely to be at risk for not surviving safely in the community? **Yes, he has been assaulted and is using the Soup Kitchen less frequently.**
- Is his condition deteriorating? **Yes, he is not engaged in treatment, appears to be responding to voice, agitated and is losing weight.**
- Would this be the least restrictive alternative? **Yes, this is a less restrictive alternative to a 5150 for Michael.**
- He has also been misusing methamphetamines. Substance Use Disorder does not qualify a person for CARE services. Why would Michael still qualify? **He still qualifies as his primary diagnosis is schizoaffective disorder.**

Next Steps After the Petition

Prima Facie

- » Once the petition is filed, the court will decide if the petitioner has made a prima facie showing that the individual meets criteria for CARE Act services.

County Report

- » At this point, the court orders a county agency to assess Michael to see if he meets criteria & determine if he will engage in services voluntarily.
- » Deadlines can be extended if the county needs more time to engage with Michael.

**“PRIMA FACIE”
first sight, first view,
first impression**

DHCS | HMA

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[Slide Image Description: This slide shows a description of prima facie and a county report, with a red call-out box that reads “Prima Facie: first sight, first view, first impression”.]

- Prima Facie:
 - Once the petition is filed, the court will decide if the petitioner (in this case Brian and Sarah) have made a prima facie showing that Michael meets criteria for CARE Court.
 - Brian and Sarah are able to demonstrate through their petition that Michael is or may be eligible for CARE services.
- At this time, a county behavioral health provider, rather than the parents, become the petitioner.
 - A county agency will determine whether Michael meets criteria for CARE Act and file a report in the court within fourteen days, which includes:
 - A determination that Michael does meet criteria for the CARE process.
 - The outcome of efforts made to voluntarily engage Michael in services.

- Conclusions and recommendations about the respondent's ability to voluntarily engage in services.
- Note that 14-day deadline can be extended if the county needs more time to engage with Michael, which is the ideal.

County Report

- » During the 14-day period the evaluator will assess Michael for CARE Act eligibility.
- » The evaluator will also attempt to **engage Michael in services voluntarily**.
- » If he is assessed as ineligible or he voluntarily engages in services, the court will **dismiss the petition** and terminate all further court proceedings on the matter.



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[Slide Image Description: This slide shows a description of the county report process with a picture of an individual filling out documents.]

There's a fourteen-day period where the evaluator from the county agency will assess Michael for eligibility. Brian and Sarah are able to get an extension on this fourteen-day period because it is in the best interest of everybody for Michael to engage.

The evaluator will attempt to engage Michael voluntarily. If he does engage voluntarily and agrees to services, then the petition is dismissed and there won't be any court proceedings.

If Michael is found to be ineligible for another reason, like he does not actually have the disorder Brian and Sarah are claiming, the petition will be dismissed.

Court Process/Service Connection

Court Process/Service Connection

- » Initial Appearance
- » Hearing on the Merits
- » Case Management Hearing
- » Clinical Evaluation Hearing
- » CARE Plan Reviewing Hearing
- » Status Reviews

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[Slide Image Description: This slide shows a graphic of a path with three location points with a highlight of the Court Process/Service Connection point on the path.]

Now we are going to talk about the next step, in which the court process begins (including the connection to services). There is a prescribed and stringent process for hearings under the CARE Act, and we will go through them as we follow Michael, Brian, and Sarah on their path.

Initial Appearance

- » County BH will replace Brian and Sarah as the petitioner.
- » Brian/Sarah and county BH must be present.
 - If Brian/Sarah (initial petitioners) do not show, the case may be dismissed.
- » Respondent may waive personal presence.
- » Supporter may be appointed.
- » Hearing on the merits set within 10 days.



[Slide Image Description: This slide shows a description of initial court appearance process with an image of a gavel.]

If Michael was found to be eligible for CARE services, but did not agree to voluntary services, he will have an initial hearing within fourteen days. This is the first time Michael will potentially attend court. The initial appearance is where county behavioral health replaces Brian and Sarah as the petitioner. However, Brian and Sarah are still required to be present at the hearing, in addition to county behavioral health. If Brian and Sarah are not present, the case may be dismissed.

Michael may waive his personal presence through his counsel if he chooses. However, if Michael does not attend and did not waive his presence, the court will determine if (1) there have been reasonable attempts to elicit attendance from Michael, and (2) if it would be in Michael's best interest for the court to move forward without him. If the answer to both of those questions is yes, the case can go forward in his absence.

As mentioned, there is also the potential for a volunteer supporter to be appointed at this stage. For Michael, this could be Brian or Sarah.

The hearing on the merits is set within 10 days of the initial appearance. However, there is an option to combine the hearing the on merits with the initial appearance if county behavioral health and Michael stipulate to it.

How is a Volunteer Supporter Chosen?

- » At first Michael chooses his mother as his supporter.
- » While Michael initially accepted his mother as supporter, he does not agree with her goal of getting Michael to move back to his parents' home.
- » Michael and his mother cannot resolve this conflict. Michael chooses a friend to be his supporter going forward.



[Slide Image Description: This slide shows an orange silhouette of a person, representing Michael, and a blue silhouette of a person, representing Sarah, Michael's mother. It also details a description of Michael's volunteer supporter process.]

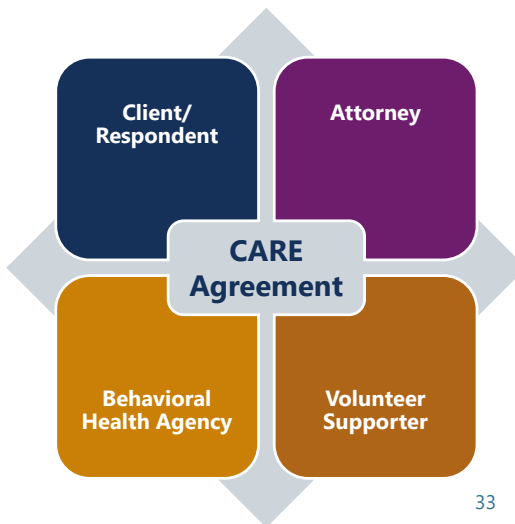
This is a scenario to show how a volunteer supporter may be chosen.

In this scenario, Sarah, Michael's mother, is chosen by Michael to be his volunteer supporter. Michael as the respondent must agree to any supporter. As time goes on, Michael starts realizing that his goals are different from his mother's; she would like him to move back to his parents' home and he doesn't agree with that. Michael no longer wants Sarah to be his supporter. As the court finds that they cannot resolve the conflict, they may remove Sarah as a supporter. In a situation like this where it can't be resolved enough and in a way that might not possibly hurt Michael, the court must remove Sarah as the volunteer supporter. The court may substitute in another supporter in Sarah's place, or they may not. Michael would have to agree to the substitute supporter working with him.

Moving forward, Sarah is no longer Michael's supporter, and a friend agrees to be his volunteer supporter.

Hearing on the Merits

- » Both County Behavioral Health and Michael will be able to provide evidence as to their positions.
- » Brian and Sarah may also make a statement.
- » If the court finds Michael to be eligible for CARE, it orders Michael, his attorney, the behavioral health agency and his identified volunteer supporter to attempt to develop a CARE Agreement.



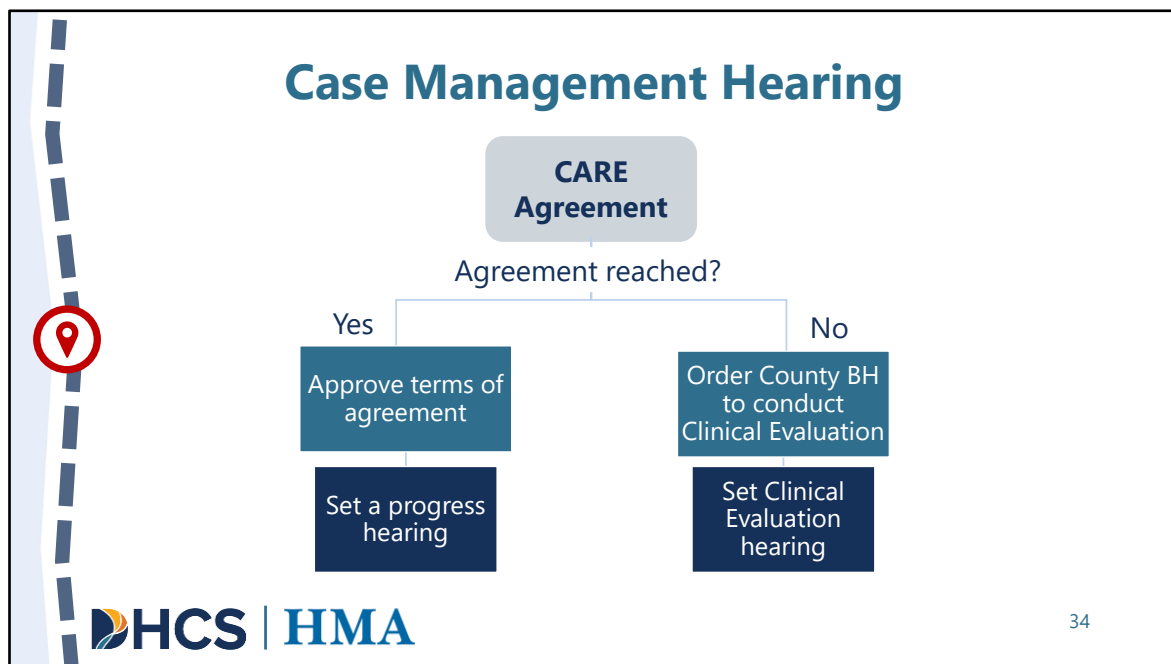
[Slide Image Description: This slide shows a description Michael’s hearing on the merits with a graphic that shows the four sectors of the CARE agreement, including the client/respondent, attorney, behavioral health agency, and volunteer supporter.]

If the parties weren’t willing to stipulate to hearing on the merits at the same time as the initial appearance, the hearing on the merits is held on its own. At this time, county behavioral health and Michael, through his attorney, will be able to provide evidence or testimony of their positions.

Brian and Sarah, as original petitioners, have a right to make a statement. The court may allow them to get additional rights as well.

The hearing on the merits is the initial place where the court will be making a determination on Michael's eligibility to enter into a CARE agreement. At the prima facie stage discussed earlier, that is an “is or maybe” standard, meaning it is much lower. The hearing on the merits will require a clear and convincing evidence standard to determine whether Michael meets the CARE Act criteria. If the court does not find that Michael meets the criteria, it will dismiss the case.

In this scenario, the court finds that by clear and convincing evidence, Michael does meet the criteria and needs to enter into a CARE agreement. Next, the court will order Michael, his attorney, county behavioral health, and his supporter (if he has one) to attempt to develop a CARE agreement.



[Slide Image Description: This slide shows a flow chart of the CARE agreement process.]

In a CARE agreement, the parties work together to develop a plan that Michael can agree to following. A Case Management Hearing is held within 14 days and will determine whether a CARE agreement has been reached or if it is likely to be reached.

There are two options:

If yes, the CARE agreement was reached

In this instance, the parties work together to develop a plan that Michael can agree to following. If he agrees, the parties will work to develop a CARE agreement.

The court can approve their settlement agreement or modify and approve it.

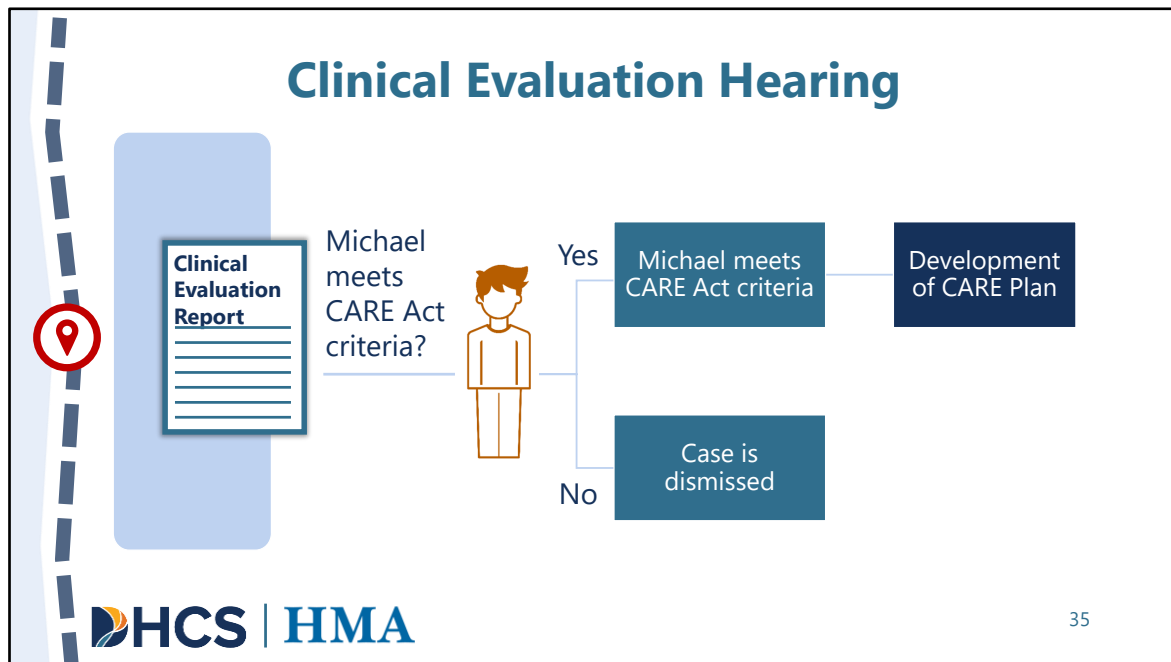
The court will also set the CARE agreement for a Progress Hearing in sixty days.

OR

If a CARE Agreement was NOT reached

In this instance, Michael does not agree with the CARE agreement plan, as he does not want to take medication, and is comfortable living outside in a homeless encampment.

The court will order county behavioral health—through a licensed mental health professional—to conduct a clinical evaluation, which we will cover on the next slide.



[Slide Image Description: This slide shows a graphic of a paper with the title “Clinical Evaluation Report”. An orange silhouette of a person representing Michael and a flow chart of a Clinical Evaluation Hearing is detailed.]

The Clinical Evaluation Hearing occurs within twenty-one days. County behavioral health submits the clinical evaluation/report. The court will still require clear and convincing evidence to again determine whether Michael meets criteria. For Michael, this is the first court-ordered clinical evaluation, meaning there may be additional evidence at this point. If there had been a clinical evaluation completed during the last thirty days, respondents may stipulate to the use of that evaluation.

At that hearing, the court must make one of the following findings:

Michael meets criteria: a CARE plan review is set for fourteen days after this finding

Michael does not meet criteria (maybe he has been stabilized, maybe he is getting voluntary treatment): Case is dismissed

If the court determines that Michael is still “eligible” and in need of services:

The court orders Michael and county behavioral health to develop a

CARE plan. The plan may such things as medication management, working with a housing net navigator on a plan for housing, and working with a social worker who can help him to apply for medical and social benefits that Michael may be eligible for.



[Slide Image Description: This slide shows a graphic of four connected puzzle pieces that represent the components of Michael's CARE plan.]

This is an example of a CARE plan that could be developed for Michael.

After evaluation and discussion with Michael, his attorney, and his Volunteer Supporter, a proposed CARE Plan could include:

- Behavioral health treatment: Michael is ordered to attend weekly individual and/or group counseling.
- Stabilization medication: Michael must see a psychiatrist and work on a plan for stabilization which may include psychiatric medications.
- Michael will work with a Housing Navigator on a plan for housing.
- Michael will also work with a social worker/case manager to apply for Medi-Cal benefits and discuss which services are available to him.

The slide features a purple call-out box on the right containing the text "How could you engage Michael?". On the left, there is a vertical dashed line with a red location pin icon. To the right of this line is a list of three points, each preceded by a red arrow icon. At the bottom left of the slide is the DHCS | HMA logo, and at the bottom right is the number 37.

- » While Michael attends the court hearing and works with his attorney, **he does not ultimately agree** with most elements of the CARE plan.
- » The clinical evaluation report indicates that Michael continues to **meet eligibility requirements** for CARE and the court agrees.
- » What are some strategies you would use to work with Michael to engage him in following the plan?

How could you engage Michael?

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[Slide Image Description: This slide shows a purple call-out box that reads “How could you engage Michael?”. A description of what happens for Michael during the court hearings is detailed.]

In this scenario, Michael does go to court hearings. He does work with his attorney, but he really doesn’t agree with most elements of the CARE plan.

However, the clinical evaluation report says he meets eligibility requirements.

Engagement in this process is incredibly important. Consider thinking through strategies that you would use to work with Michael to engage him in the following plan.

What if Michael doesn't want to participate?

- » Although Michael's CARE Plan is court-ordered, there are limits on what can happen to Michael if he does not want to participate.
- » The role of the volunteer supporter and other professionals providing CARE Plan services is vitally important when there is not initial agreement. Engaging with the client will require:



Respect

Respecting Michael's autonomy and right to self-determination



Encouragement

Encouraging Michael to engage in psychosocial treatment which will increase his ability to maintain autonomy.



Training

Training in mental illness, treatment options, Trauma Informed Care, and Motivational Interviewing techniques

[Slide Image Description: This slide shows a description of what occurs if Michael doesn't want to participate.]

It's important to remember that while Michael's CARE plan is court ordered, it is not criminal court. Meaning, there are limits to what can happen to Michael if he does not want to participate. He will not suddenly have a probation officer or something to that effect.

The role of the supporter is vitally important when someone is not in initial agreement but clearly in need of the services to avoid things from getting worse.

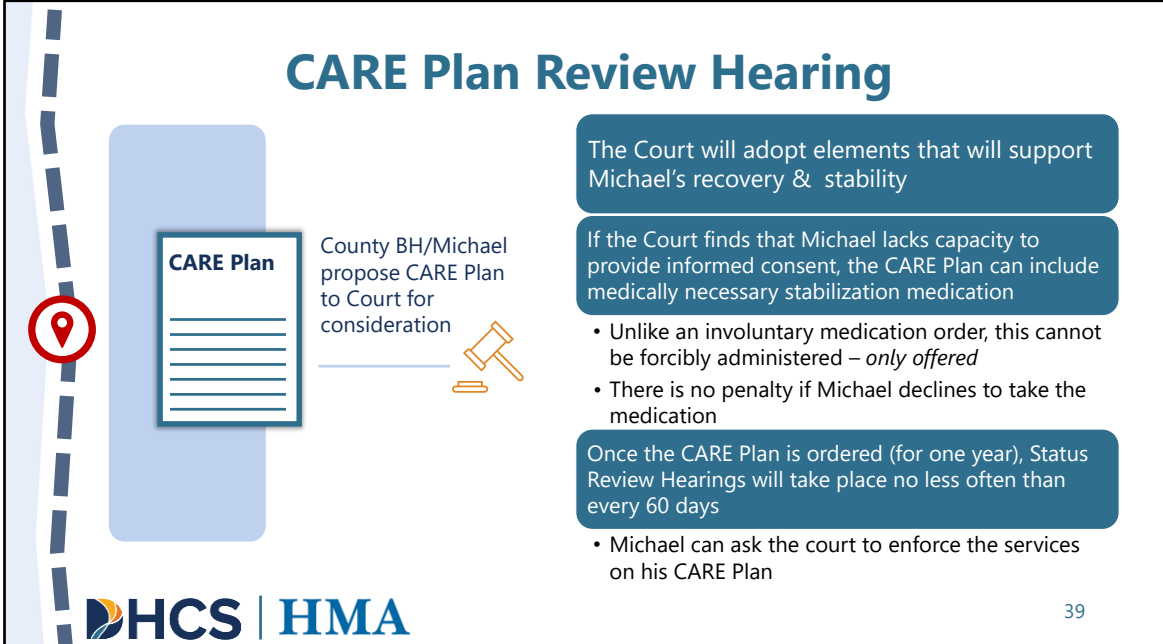
Engaging with the client will require respecting Michael's autonomy and right to self-determination. On some levels, Michael knows what's best for him, but he may not have the insight to have the full picture of the direction he is going in.

It's important to respect Michael's autonomy and at the same time encourage him to engage in psychosocial treatment which will increase his chances at maintaining that autonomy. This is a complex process, but there are many opportunities to engage and allow for the impact of the black-robe effect.

There will be a lot of training available:

- Training in mental illness is important – what do we know about the diagnosis that he has? What do we know about co-occurring disorders, and how do we work with them?
- Treatment options - what are the evidence-based treatment options that will most benefit Michael and how do we talk to him about them?
- This will also take Trauma Informed Care.
- Motivational Interviewing (MI) techniques will be essential to respect Michael's wishes and work with him on some of these healthier choices. This is essential for clients who are not in initial agreement with elements of their CARE plan.

CARE Plan Review Hearing



County BH/Michael propose CARE Plan to Court for consideration

The Court will adopt elements that will support Michael's recovery & stability

If the Court finds that Michael lacks capacity to provide informed consent, the CARE Plan can include medically necessary stabilization medication

- Unlike an involuntary medication order, this cannot be forcibly administered – *only offered*
- There is no penalty if Michael declines to take the medication

Once the CARE Plan is ordered (for one year), Status Review Hearings will take place no less often than every 60 days

- Michael can ask the court to enforce the services on his CARE Plan

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[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan”. Additionally, a graphic of a gavel is shown, and a description of Michael’s proposed CARE plan is detailed.]

County behavioral health and Michael either together or separately propose the CARE plan to the court.

The court considers the Plan and adopts elements that will support Michael's recovery and stability.

If the court finds that Michael lacks capacity to provide informed consent, the CARE plan can include medically necessary stabilization medication.

- Unlike an involuntary medication order, this cannot be forcibly administered – only offered.
- Again, there is sometimes the black robe effect. Michael may be willing to talk to a psychiatrist, and they could work together on a medication option.
- There is no penalty if Michael declines to take the medication.

Once the CARE plan is ordered (for one year), Status Review Hearings will take place no

less often than every sixty days. They can also happen more often than every sixty days.

- The status hearings are not just for the support people and treatment providers to report on how Michael is doing.
- Michael can say if there are services in his CARE plan that he is not getting and ask the court to enforce those services.

Assessing Next Steps

Assessing Next Steps

- » Voluntarily graduate
- » Voluntarily remain
- » Involuntary reappointment




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[Slide Image Description: This slide shows a graphic of a path with three location points with a highlight of the Assessing Next Steps point on the path.]

Now we are going to talk about the potential next steps.

Outcomes from 1-Year Status Review

Voluntarily Graduate 	If Michael elects graduation, the Behavioral Health Agency and Michael work together to develop a graduation plan.
Voluntarily Remain 	If Michael elects to stay in CARE in order to extend access to services, the court may permit Michael's extension for up to one year.
Involuntary Reappoint 	The court may order Involuntary continuation in CARE. This extension can happen for only one additional year.

 **DHCS | HMA** 41

[Slide Image Description: This slide shows three boxes that depict what could happen if Michael chooses to voluntarily graduate or voluntarily remain, or if the court orders involuntary reappointment.]

This is an overview of what happens at the 1-Year Status Review.

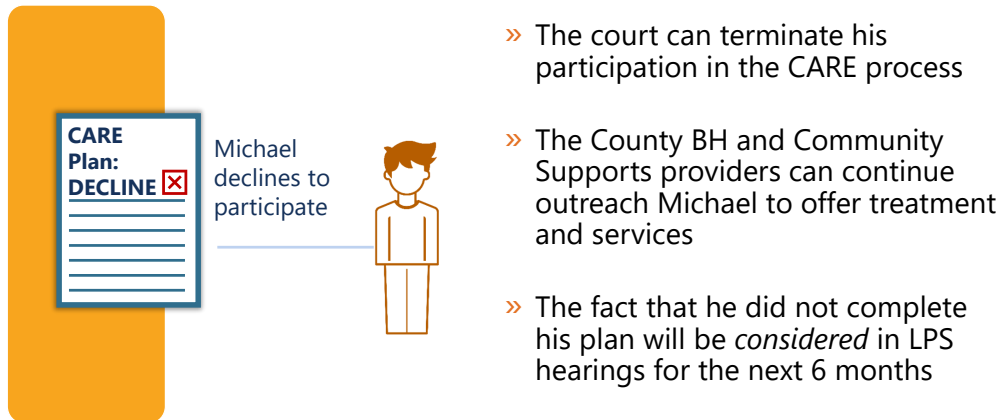
There are three potential outcomes from the 1-Year Status Review:

1. Michael elects graduation
 - This means that Michael is doing well, and he will work together with county behavioral health to develop a graduation plan, including the services he will continue to engage in.
2. Michael voluntarily elects to stay in CARE.
 - The court may permit Michael's extension for up to one year.
 - Reasons Michael may want to extend – better access to services, accountability/structure is helpful for him.
3. The court orders Involuntary continuation in CARE.
 - Maybe Michael just started to engage towards the end of the year, so it

appears it would benefit him to stay with the CARE plan.

- This extension may happen only for one year.

Implications of Michael's Non-Participation



[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan: DECLINE”. An orange silhouette of a person representing Michael and a description of the process if Michael declines to participate in the CARE Plan is detailed.]

If Michael declines to comply with the CARE Agreement or Plan:

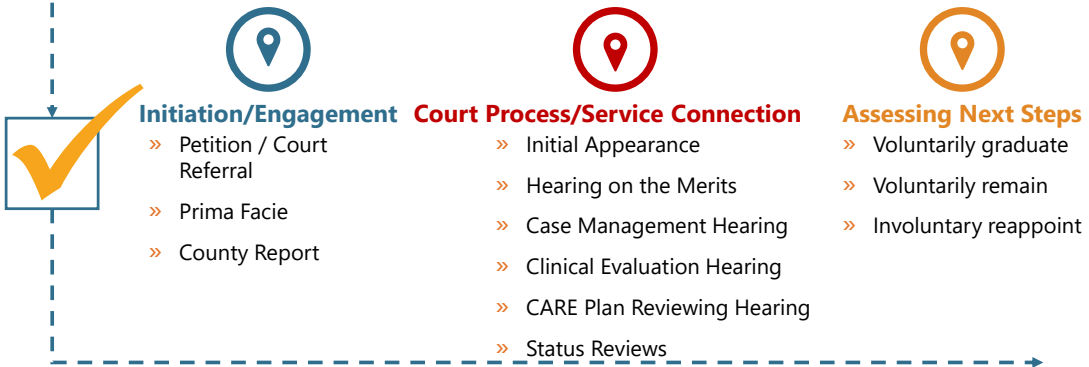
- The court can terminate his participation in the CARE process.

What are the alternatives?

- If the services can continue, county behavioral health and Community Supports providers can continue **outreach** to Michael to **offer treatment and other services/supports**.
- If eligible, the court/qualified petitioner may refer him for the LPS route – i.e. initial 5150, LPS conservatorship – **only if he meets the threshold for referrals to LPS**. If that happens in the next six months, there will be presumption that Michael needs addition help beyond what was provided in his CARE plan.

Ideas in Action

» Reflect on the different phases of the CARE Act process. What questions do you have on the components of each phase?



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Please reflect on the different phases of the CARE Act process. Consider any questions you may have on the components of each phase. Reach out to your county liaison or info@CARE-Act.org or submit TA requests on our website, CARE-Act.org.

Objectives

At the end of the session, participants will have an increased ability to:

- » Distinguish the six key roles within the CARE Act, including the client, the petitioner, the volunteer supporter, the behavioral health agency, Housing/Community Supports providers, and the CARE Court.
- » Describe the overall legal process within the CARE Act.
- » Compare the different pathways through the legal process for the client.
- » Summarize the recommended services/supports included in the CARE Agreement and CARE Plan.

[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Distinguish the six key roles within the CARE Act, including the client, the petitioner, the volunteer supporter, the behavioral health agency, Housing/Community Supports providers, and the CARE Court.
- Describe the overall legal process within the CARE Act.
- Compare the different pathways through the legal process for the client.
- Summarize the recommended services/supports included in the CARE Agreement and CARE Plan.

Hopefully you feel more oriented on some of the roles in the process and the journey through the CARE Act. We'll go over some potential next steps in the next slide.

Next Steps

- » Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Receive notifications of trainings, TA, and other engagement opportunities by [completing the form](#) to join the communication listserv.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is info@CARE-Act.org.

Resources/Source Information

- [California Health and Human Services Agency \(CalHHS\) CARE Informational Webinar Video and Slides](#)
- [CalHHS Fact Sheet](#)
- [CalHHS FAQs](#)
- [DHCS CARE Act Webpage](#)
- [JCC CARE Act Overview](#)
- [CARE Act Fact Sheet](#)
- [CARE Act 101: Overview of the Court's Role in Implementation](#)
- [National Alliance on Mental Illness California website](#)
- [2019 National Survey on Drug Use and Health Report](#) from the Substance Abuse and Mental Health Services Administration

[Slide Image Description: This slide shows a list of hyperlinked resources.]

Resources and Source Information Include:

- California Health and Human Services Agency (CalHHS) CARE Informational Webinar Video and Slides
- CalHHS Fact Sheet
- CalHHS FAQs
- DHCS CARE Act Webpage
- JCC CARE Act Overview
- CARE Act Fact Sheet
- CARE Act 101: Overview of the Court's Role in Implementation



- National Alliance on Mental Illness California website
- 2019 National Survey on Drug Use and Health Report from the Substance Abuse and Mental Health Services Administration